PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WI'H UNFADING INN—LIES Stated EXACTLY. mation should be galefully supplied. AGE should be stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING See instructions on back of certificate. in plain terms, so that it may be TION is very important. CAUSE OF DEATH

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH		(kg) UZUU(	J
County Tailest.		Registration Dist. No. 220	
Village or City 6 aston.			Ward
Length of residence in city or town where death or		f death occurred in a hospital or institution, afve its NAME instead of street and number)  sds. How long in U. if of foreign birth?yrs mos	ds.
2. FULL NAME Seradin	e diken	peal.	
(a) Residence: No. Couston	Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  Telruary 9 (Bay) (Yea	
5a_If merried, widowed, or divorced HUSBANO of (or) WIFE of	child.	22.   I HEREBY CERTIFY, That I attended decessed	
6. DATE OF BIRTH (month, day, and year)	B 27-1932	I lest saw h 22 alive on teleman 9, 19 33 death i	
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated ebove, et	
11	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	опъет
8. Trede, profession, or particular kind of work done, es SPINNER,		A Museuma Noball	
SAWYER, BOOKKEEPER, etc.	<u>an</u>	left leing rupper 14	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			17-1
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation (month and	11. Total time (years) spant in this		73
yeer)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	d		
I 13. NAME ME TOTO QUE	Ken head.		
13. NAME (1.1)  14. BIRTHPLACE (city or town)  (State or country)	ita	Name of operation Date of What test confirmed diagnosis?	No
15. MAIOEN NAME Olga 2	Laffman	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Olga 16. BIRTHPLACE (city or town) Municipal (State or country)	sita	Accident, suicide, or homicide?	
17. INFORMANT Due John au (Address)	localust	(Specify city or towo, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Custon rud Da	ite 2/1/ 19.3	Nature of injury	
19. UNDERTAKER John 2016 (Address)	Lecianos	24. Wes diseese or injury in eny way related to occupation of deceased?	
20. FILEO 2/9 19 23/71-9	V. Nouse Registrar.	(Signed) (Address) Restruction	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MAR A 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
S. Series			

BINDING	
FOR	
RESERVED	
IARGIN	

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22.0)
County Salbot	Registration Dist. No. 291
Village or City Royal Oak	No. St., Ward
Length of residence in city or town where death occurred Laff yrs. If mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Ellas & Remon	
(a) Residence: No. Royal Oak Ma	St., Ward.
(Usual place of abode)	al Gak Ind If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE OR DIVORCED (wpite the word)  Matrice  Mat	21. DATE OF DEATH  (Month)  (Oáy)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry lo Beardon	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) may 4 1868	Hast saw her alive on ret 14 1933 : deeth is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 5 2 m.
64 11 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral lieuroshage 2-5-33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	
11. Total time (years) spent in this occupation (month end year) - 7 and 6 - 19.2	
12. BIRTHPLACE (city or town) Royal Oals	Other Contributory Causes of importance:,
13. NAME Thomas & Leonard	
13. NAME Horses & Leonard  14. BIRTHPLACE (city or town) Valvot Loo (Stete or country)	Name of operation Date of Was there an autopsy?
	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bachel Rurby 16. BIRTHPLACE (city or town) Talbota los and	Accident, suicide, or homicide?
17. INFORMANT Perry Co Besson (Address) Royal Dato	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Easton Md Date Tel-14 1933	Menner of injury
19. UNOERTAKER James al Spine.  (Address) Santon. Red	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILEO Feb 15, 1933 John Howales Registrar.	(Signed) M. L. Suvella M. D. (Address) And M. D.
If more blanks are model allow Seas Building	N Challenge Blind Barrier Branch Bran

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Watker V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING FOR RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. County Village or City\_\_\_ (If death occurred in a hospital of institution, give its NAMB instead of street and number) Every Longth of residence in city or town where death occurred mos. \_ How long in U.S. if of foreign birth? statement PHYSICIAN RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 3.79/2 (Month) (Day) 5a. If married, widowad, or divorcad HUSBAND of 22. 1 HEREBY CERTIFY. That I attanded deceased from (or) WIFE of C 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE If LESS than Months to have occurred on the date stated above, at \_\_ d 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Data of onset 8. Trada, profassion, or particular THIS. OCCUPATION kind of work dona, as SPINNER, JO SAWYER, BOOKKEEPER, etc .... back 1 Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc .... 10. Date deceased last worked at on 11. Total tima (yaars) spant in this this occupation (month and that occupation ... instructions Other Contributory Canses of importanca: 12. BIRTHPLACE (city or town) \_\_\_\_ (Stata or country) supplied. FATHER See 14. BIRTHPLACE (city or town plain (Stata or country) What tast confirmed diagnosis?\_ refully MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. plnous 17 INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation LION 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, spacify Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU T.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	02003
DEATH	<u> </u>	

1. PLACE OF DEATH	<u> </u>
County albot	Registration Dist. No. 290
	No. July Lune Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Toelus   Brode	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wagie the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Tel- 12,1933	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on tha data stated abova, atm.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)  2 13. NAME Value Serold Broky	
14. BIRTHPLACE (city or town) [State or country]	Name of operation Date of 2/! 2 What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NAME Name Clipate the Moses  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, sulcida, or homicida?
17. INFORMANT Many Gody (Address) Deuts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place 2 1.2 1.3 193	Manner of injury
19. UNDERTAKER & Mengertey Harfital	24. Was diseasa or injury in any way related to occupation of decaased?
20, FILED 2/14, 1933 N-YN. Neurus Registrar.	(Signed) 2004 M (Address) Coplose Lery)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12004) (12004)
County Salbot	Registration Dist. No. 294
Village or City Mean Crappe Isral	NoSt., Wal
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Soward & aure	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
	, 19 , 10 , 19 , 19 , 19 ,
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If IFSS than	-
1 dey,hrs	to have occurred on the date stated above, andm.  The PRINCIPAL CAUSE OF DEATH and retated causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL,	Alcediate o comme
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end year)	
1 1/13	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME love & Common	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chara & Jose	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or coverly)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT level of Jawason	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 200 Market 18. BURIAL, CREMATION, OR REMOVAL	
Place Easton Ind Date Set 23 nd 19 33	Manner of Injury
a and	Notify of mjuly
19. UNDERTAKER Tunes Worker	24. Was disease or Injury In any way related to occupation of deceased?
(2291DDA)	If so, specify
20, FILED Let. 20 19 33 Tool a Coro	(Signed) trap. O. Smulson Tota -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	at a	Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. BINDING FOR ARGIN RESERVED AGE should be mation should be carefully supplied.

properly classified.

he Jo

CAUSE OF DEATH in plain terms, so that it may

B.-WRITE

V. S. No. 1

TION is very important.

certificate.

See instructions on back

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLA	AND-C	CERTIFICATE OF DEATH (12)	105
1. PLACE OF DEATH		(23)	03
County Talkot		Registration Dist. No.	73.
Village or City Lemotown	76 d	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredyrs.		How long in U. S. If of foreign birth?	
2. FULL NAME Margie Sols	m		
(a) Residence: No.		St., Ward.	
(Usual place of shode		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	itale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORLD OR DIVORCED (write	IDOWED,	21. DATE OF DEATH July 10	193.3
5a. If married, widowad, or divorced		(Month) (Day)	(Year)
( W) WIFE of Jacob Dobron		22.   I HEREBY CERTIFY. That I ettended d	leceased from
6. DATE OF BIRTH (month, day, and year)		•	; death is said
1 dey	LESS than	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade/profession or particular	min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	Date of onset
8. Trade/profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	frei !	Milian ary Subrections	1
RIND of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Thur
10. Date deceased last worked at this occupation (month end year)	3	·	age
	- Jane	Other Contributory Causes of Importance	10.30
(State or country) Caroline Boung	m	pr wanten	1920
13. NAME Various Satistal ald	74.00		
14. BIRTHPLACE (city or town)		Nama of operetion Date of	
(State of country) Noaration 1 190 VV	de	What test confirmed diagnosis? Was there an at	!topsy?
15. MAIDEN NAME Sinne Hubbard	/	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:	
[ 16. BIRTHPLACE (city or town)	10	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Jacob Dobson - Ma	7	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Piaca New-Lohappel Date Feb 43	, 1923	Manner of injury	
19. UNDERTAKER James A Skencer (Address) Egypton and		24. Was diseasa or Injury in en way plated to occupation of deceased?	
20. FILED 7/0 - , 1933 . J. L. Garde	Registrar,	(Signed) Cordon And	,M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstittal nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED ... @

	Registration Dist, No. 290
1	12.14.15
(If	death occurred in a hospitator institution, give its NAME instead of street and number)
mos	
	St., Ward, Co. cechiel Co.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
VED,	21. DATE OF DEATH
0147	(Month) (Day) (Year)
	12. 1 HEREBY CERTIFY. That I attended deceased from face 21, 1923, to Febr. 2, 1923
00 (	I last saw h age alive on Tele 2 , 193 3; doeth is said
than	to have occurred on the date stated above, at
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
in.	were as follows:
-	
	25 W. / Jack 1/1833
	28 W. Jace 1/18.33
	Other Contributory Causes of Importance:
	<u> </u>
	Seceouday infection 13633
	Name of operation Data of
	What test confirmed diagnosis? Coursel Wes thera an autopsy? 248
	23. If daath was dua to external causes (VIOL ENCE) files also the following:
	Accident, suicide, or homicide? Quellary Data of Injury 2 1933 Whera did injury occur? was recurbers
	(Specify eity or town country and Ct. t.)
1	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	5 6
9.33	
	Nature of injury Face glut out or
	24. Was disease or Injury In any way related to occupation of deceesed?
	(Signed) W Ufalue M. D.
trar.	(Address) Epslau Lud M. D.
eniste se	Ave. N. Chala Carret Patrician P. a. 673 C. N.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.	12		
Other contributory causes of importance:	Topa.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state

of OCCUPA-

Exact statement.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20
County Jalbay	Registration Dist. No. 290
Village or City Easton	No. Managenta Horostad Ward death occurred in a hospital or institution, a verits NAME Instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Theodore Gross	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 6 , 193 3
58. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Mulie Gross	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1001 26 1904	I last saw h alive on J 6 19:3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.50 P.m.
28 2 11 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as bollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Tuluevery aufalu : Data of anges 2/6/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)   autot C. Md.	Other Contributory Canasa of importance:
(State or country)	Takellula 1 1
13. NAME Isaac Gross	magale de helderd 1190
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation leverton fame of Dato of 1/2
$\wedge$	What test confirmed diagnosis?
15. MAIDEN NAME Leve Bolden  16. BIRTHPLACE (city or town) Tallot Co., Ma	Accident, suicide, or homicide? Date of injury, 19
D H -e	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DEMME (Address) Coulous - C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Museurill Date 1. 103	Nature of injury
19. UNDERTAKER Jas Afrece (Address) & Garland Mark	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 2/7 , 193 3 N. J. Neirus	(Signed) M. D.
Registrar.	(Address)

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11 MAR 4 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. BINDING M MARGIN RESERVED should efully

ż

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor OCCUPA 1. PLACE OF DEATH Registration Dist. No. 292 Should County\_ Ward Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Year) (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 12 .19 death is said certificate. 6. DATE OF BIRTH (month, day, end year) properly If LESS than to heve occurred on the date stated above, at 7. AGE Months Deys 1 day, 1/----hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance \_\_\_min. were es follows: Date of onset 8. Trade, profession, or particules OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) spent in this on this occupation (month end that occupation .... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Wes there an aulopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE TION is Nature of Injury 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

If so, specify (Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car,	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		JUSIALS	
		regionalità del dire i hi e republication resignation della della regionalità della companya della della companya della della companya della	potential de la constantial de
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	
County 101001	Registration Dist., No. 2 9 0
Village or City 6001 100	MEMORIAL OF INSTRUMENT OF STREET OF MANUEL INSTRUMENT OF STREET AND NUMBER OF STREET AND NUMB
Length of residence in eity or town where death occurredyrs,mos.	and the trace of street and the thoritory
2. FULL NAME DANG AMES NO. 1	
(a) Residence: No.	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Male Comple OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 701, 4-1033	I last saw h alive on A 19 death is said
7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, at  m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Aran
Industry or business in which work was done, as StLK MILL, SAW MILL, BAWK, etc.	Villan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) Aocupation	
12. BIRTHPLACE (city or town) May W. W.	Other Cantributary Causes of importance:
(State or country)	
13. NAME SAAC MALLES	
14. BIRTHPLACE (city or town)	Name of operation Oate of
œl	What test confirmed diagnosis? Was there an autopsy?
- Property	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
And the state of t	The state of the popular party of the popular place.
(Address) (AAATA, NYR	
(Address) (AAAAA NXX	Manner of injury
18. BURIAL, CREMATION, OR REMOVA  Place Commondown Oate 26- ,1933  19. UNOERTAKER Dhu Dillection	Manner of injury
18. BURIAL, CREMATION, OR REMOVA  Place Harmondowy, Oate 26- ,19-3-3	Manner of injuryNature of injury

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			The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1933	July 5, 1927	Peritonitis	3 days ago
	REFEAU V.S.			
Other contributory c	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12010)
1. PLACE OF DEATH	
County (albo!	Registration Dist. No. 290
Village or City Kaston	No. A Me race Voseital St., Ward death occurred in a horpital r institution give its NAME ustead of street and number)
Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution give its NAME histead of street and number)  How long in U.S. if of foreign birth?
2 Full 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ronco.
(a) Residence: No. Raidadly Manyland	St. Ward. Conoline Co
(Usual plece of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Solvery 1933)  (Month) (NDay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	February 3 1933, to February 4, 1933
6. DATE OF BIRTH (month, day, end year) March 8, 1930	Hast saw him alive on February 4 , 1933; death is said
7. AGE Years Months Days if LESS than 1 day	to have occurred on the date stated above, et 4500; m.
2 10 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
V 9. Industry or business in which	Prace / Usuar , 2 yrs-
work was done, es SILK MILL, SAW MILL, BANK, etc	Unable to determine whather banian
- 19 Spell till fills	unable to determine whether langer
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Zenable to determine location.
- I HERELLE	
E Silver Company	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
I 15. MAIDEN NAME PROMOTE NOTE WAS A	What test confirmed diagnosis? Was there an autopsy? Was
16. BIRTHPLACE (city or town) Days	233 of death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) Welawake	Where did injury occur?
17. INFORMANT Mer. Land W. Mohlman.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 Dete 1 . , 1933	Nature of injury
19. UNDERTAKER Andrews Andrews Andrews	24. Was disease or injury In eny way related to occupation of deceased? W)
20. FILED 2/4 , 1933 N.S. Melses. Registrar.	(Signed) 2 cellaline M.D.  (Address) Salay Jud
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

AGE should be stated EXACTLY. PHYSICIANS that it may be properly classified. Exact statement

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12011	
1. PLACE OF DEATH		
county Tallot County	Registration Dist. No. 290	
	crease stapetal st., V	Vard
	death occupyed in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	ds.
$\Omega$ .	100	
2. FULL NAME George Perter	St. Ward.	
(a) Residence: No. ( Sual lace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Veer	r)
5a. If married, widowed, or divorced hydia Senking	22. I HEREBY CERTIFY, Thet I ettended deceased  3.4 22 19.2.3 to F. A. S. 19.3.	
6. DATE OF BIRTH (month, dey, and year) Still P 22 - 1908	I last saw h un alive on I of 2 5, 19 3 3; deeth is	seid
7. AGE Years Months Days If LESS then	to heve occurred on the dete stated ebove, et 9 9 - m.	
3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		
9 Industry or business in which 7	Inle en a 7.2	2-23
work was done, es SILK MILL ON SAW MILL, BANK, etc		3
this occupetion (month end ) 133		
12. BIRTHPLACE (city or town) NOVAL OAL, MA.	Other Contributory Causes of Importence:	
I 13. NAME OROGE E. SLIAKIALS		
13. NAME YEARS TO SUNKINS  14. BIRTHPLACE (city or bwn) ROUAL OOK MI.	Neme of operation Date of	
(State or country)	Whet test confirmed diegnosis Clemical Wes there en autopsy?	no
15. MAIDEN NAME LILE II A COXEM	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) NOVAL OAK IIII	Accident, suicide, or homicide?	
Walter Walter	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT NO AND	Specify whether injury occurred in INDUSTRY, in HOME, or in Public PLACE.	
18. BURIAL, CREMATION, ON REMOVAL	Menner of injury	
Plece Pry 1 Quela Date 3/1 ,198 3	Nature of Injury	
19. UNDERTAKER J. F. Slewart	24. Wes disease or Injury in eny way releted to occupetion of deceased? 222	
(Address) Salisty, Ind.	If so, specify	
20. FILED 2/25 , 183 7-74. Derries Registrar.	(Signed) (Address) Sandon M.J.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
329				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

AGE should be

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12012
1. PLACE OF DEATH	122-6
county Talbot	Registration Dist. No. 290
Village or City 5astan (If	Np. 5 meraency Naspixal St., Ward death occurred in a hospital or institution, rive its NAJE instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	3_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MINNIE Johns	9. 1. 1. 7
(a) Residence: No. Newlocky Maryland	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
e Male Black Married ("write the word)	telruary H, 1933 (Month) (Day) (Year)
Sa. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WEFE of Will Johns	January 31 1933, 10 February 4, 1933
6. DATE OF BIRTH (month, day, end year)	Hast saw held alive on February 4 , 1933; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 2 = 9. m.
55     ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc.	Ovallieur Hustina 1/2/31
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupetion (month end year) occupation	
12. BIRTHPLACE (city or town) Caroline Co.	Other Coatributory Causes of Importanco:
(State or country)	
II 13. NAME Sames A. Werb.	f total alle
13. NAME Sames H. Webb.  14. BIRTHPLACE (city or town) Caroline Co.  (State or country)	Name of operation Dete of 1/31/58 Whet test confirmed diagnosis? 1.8. Dete of 1/31/58
Is. MAIDEN NAME Martha 5.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha 5.  16. BIRTHPLACE (city or town) Caroline Co.  (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT William W. Johns (Address) Federal & Prusa Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Johns Cametery Md. Dete Feb. 7th, 1933	Manner of Injury
19. UNDERTAKER & T. Transatoms Son	24. Was disease or injury In eny wey related to occupation of deceesed?
20. FILED 2/4 , 1933 M. F. Merries Registrar.	(Signed) M. D.  (Address) Coarton M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of d of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAP (2 1931)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti-	8	:1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonilis	3 days ago	
Other contributory cause	es of importance:	May 1,1923	Other contributory causes of importance:	1 year	
Causiones		Mag 1,1000	ALCO CONTOURS	2 9000	

r er

1	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(20,0
	County Jackson 1	Registration Dist. No. 27
	Village or City VIVILLE	NoSt., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 3.3 yrsm	ds. How long in U.S. if of toreign pirch?
	2. FULL NAME / Well and Johnson	uning
\	(a) Residence: No/ (Usua) place of abode)	nuchaels. And If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OF RACE 15 SINCIE MARDIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the type)	21. DATE OF DEATH 6 193 3
5a	If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
_	(or) When Deborah Chr Melley Ti	HEREBY CERTIFY. That I attended deceased from
-	DATE OF BIRTH (month, day, and year) March 5, 7849	I last sow him alive on 3ch 6 1933; death is said
7.	AGE Years Months Days If LESS than	to have occurred on the dete stated above, at /2 Am.
_	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
HON	sawyer, Bookkeeper, etc	00 , 00 00
CUPA	9. Industry or business in which work was done, as SILK MILL, Donaing Outland SAW MILL, BANK, etc	I hrome Rephrets 1939
OCC	Date deceased last worked at . Total the (years)	
-	this occupation (month and / 426 spant in this 60 occupation 60	Other Contributory Causes of importance:
12	BIRTHPLACE (city or town) (State or country)	Scale
HER	13. NAME & Morriso Seithley	grmeig
FATE	14. BIRTHPLACE (city or town) At Michaels >	Name of operation
-	15. MAIDEN NAME MAGAGE A SOLITOR	What test confirmed diagnosis?
OTHER	16. BIRTHPLACE (city or town)	3. If death was due to external ceuses (VIOLENCE) fill in also the following:
W	(State or country) Thursday Ma	Where did injury occur?
17.	INFORMANT 17 M. Neutley (Address) 1001 Park (Park)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Striuman Date Date 1983	Nature of Injury
19.	UNDERTAKER MUMAN & Harryson (Address) 11-Muchaels, Mu	24. Wes disease or Injury In any way related to occupation of deceased? 77.0
20.	FILED Feb 8 1933 John Hwwales	(Signed) JTJTO/18 M.D.
	Local Registrar.	(Address) Sty Michael
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephrilis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ugo Other contributory causes of importance Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 wear

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	RY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(200-al)
County 48bot	Registration Dist. No.
Village or City Trear Torgal Oak	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Veure Long	
(a) Residence: No.	St., Ward,
(Usual place of abode) Keys	al Oak, and If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Colors  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF June 2014	22. 1 HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Leekeeown	I last saw h; death is se
7. AGE Year Months Days If LESS than	to have occurred on the date stated above, at 2, 2, m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	on testimory olivers. Mulliking state
SAWYER, BODKKEEPER, etc.	attorney of R. Careal, Sheriff, was
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this eccupation (month and spant in this	viewed to body & investigated
10. Date deceased last worked et 11. Total time (years)	dente found in his yard
this occupation (month end year) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:  No Granthau in Commission Carlotte
(State or country) Transland	
13. NAME Saviel Long	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Suice Green	23. If death was due to external causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Massylpus	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tracks Day (Address) Easton Jud	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Togel Charles Date 7 /2 ( 1933	- Nature of injury
19. UNDERTAKER SELBO (Address) Easton June	24. Was disease or injury in any way related to occupation of deceased?
/ NO 1/1/11 PA	(Signed) for the Deury, Coroners

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II		
Date of onset		
1 week ago		
1 week ago		
3 days ago		
1 year		
5275 1111		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state B.-WRITE, PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2015
1. PLACE OF DEATH		CUID
County Tallot	Registration Dist. No. 2	94
Village or City Glailonne	No. St	Ward
(If Length of residence in city or town where death occurred / vrs. 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and	number)
	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Deorge Mc Juay		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	Share
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO	
Male White Widowed	(Month) (Day)	, 193
5a. H married, widowed, and diversed HUSBAND of		(Year)
(or) WHE of Hatherine Faterion	22. HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, end year) While 28, 1871	I lest saw have alive on bless 26 1933	, 19
6. DATE OF BIRTH (month, day, end year) While 28, /87/ 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.	; death is seld
61 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Vertesis Selevois	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER. Returned Police Officer	les betension	52,60
9. Industry or business in which work wes done, as SILK MILL,		
kind of work done, as SPINNER. Autored Polices Officer  SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et  11. Total time (years)		
this occupation (month and year) occupation 17 44		
(0, 11 - 0 m,	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) / alvot Oa. ///d. (State or country),	Palal Land	7
13. NAME Benjaman Mi Quay	Contract of the state of the st	amende,
14. BIRTHPLACE (city or town) Jallot Co	Name of approxima	-
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sarah I. Jones	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Sarah J. Jones  16. BIRTHPLACE (city or town) Lallet Co	Accident, suicide, or homicide?Date of injury	19
∑ (Stete or country)	Where did injury occur?	,
17. INFORMANT Faul Mc Quay	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Addréss) 243 M. Fulton are, Balto me		
18. BURIAL, GREMATION, OR REMOVAL  Place St. Michaels Date Sel 5th 1983	Manner of injury	
Date & All J	Nature of injury	
19. UNDERTAKER / fluriagm + Harraons	24. Was disease or Injury in any way related to occupation of deceased?	لب
(Address) Mt. michaela md	If so, specify	*********
20. FILED Tet 1 1933 Pro later & Porter	(Signed)	M. D.
Registrar.	(Address) - Mafleway U	d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAU V. S.	(			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may H'IIW B.-WRITE PLAINLY,

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02010
County a albot	Registration Dist. No. 29/
Village or City Claitornes Ind	NoSt., Ward
Length of rasidance in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Lewis O. N. M. Zu	ay
(a) Residence: No. Clarforme (Usual place of abode)	Ust., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The HUSBAND of	21. DATE OF DEATH 26 1933 (Month) (Day) (Year)
(or) WIFE of Dorcas L. M. Quay	22. I HEREBY CERTIFY, That I attended decaesed from 7el 21, 1933
6. DATE OF BIRTH (month, day, and year) July 27. 1875	I last saw han aliva on Fel 26 , 19.33; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the data stated above, at. Sm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronie interstitul suphisitio and arteria selesais
12. BIRTIIPLACE (city or town) Bornan (State or country) Vallot Co md	Other Contributory Cause of Importance:  Occube Merchanica
13. NAME Ruber Mi. Quay  14. BIRTHPLACE (city or town) Tallrot Co (State or country)  MA	Name of operation
15. MAIOEN NAME Tucille Form  16. BIRTHPLACE (city or town) Tallot Co.  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Lor Cas L. M. Quay (Address) Claiborne ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place St. Muchaele Oata Feb. 28 , 1933	Manner of Injury
19. UNDERTAKER Alwnam + Harrison (Address) St. michaels md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb Z. 7., 1933 John Hwwales Local Registrar.	(Signed) Suggested M.D.  (Address) St. Machaela Md
If more blanks are needed, address State Registrar	Acce N. Charles Street Belginson Brown G1 C N

Kegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 403223			1 1
Other contributory causes of importance:		Other contributory causes of importance:	200
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Extrol miportant. See instructions on back of certificate. JARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(173)
County Jallat	Registration Dist. No. 890
Village or City Casles	Exercisery Aspelet St. Ward
(II  Length of residence in city or town where death occurredyrsmos	death occurred in hospital or institution, give its NAME instead of street and number)  3. ds. New long in U.S. of foreign birth?yrs
2. FULL NAME Wallie M. T. S. of	g
(a) Residence: No. Federalshus ned.	Carolina C
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
79 3. Manuel	(Month) (Oáy) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Margaret Mitchell	22. I HEREBY CERTIFY, Thet I attanded deceased from  19.33, to Feb. 19.33
6. DATE OF BIRTH (month, day, end year) Feb. 6, 1896	I last saw h Long alive on 3 th 1 ,1923; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
3 6 11 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
8. Trede, profession, or particular kind of work done as SPINNER	Off W Delforoleug Date of one of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	This duce
9. Influstry or business in which work was done, as SILK MILL, SAW MILL, BAUK, atc	(3) Herelouit's gleverof 1/19/8
U 10. Data deceasad last worked at 11. Total tima (yaar	Homisidal auto
this occupation (nonth and 1933) spent in this occupation (spent in this occupation)	
12. BIRTHPLACE (city or lown)	Other Cantributory Causes of importance:
(State or country)	ner 61/2 bedown Reft
13. NAME Turberow	
14. BIRTHPLACE (city or town)	Name of operation to baloton 94 9 Octe of 1/30/53
(State or country)	What test confirmed diagnosis? Te-t+0.11. Was there en eutopsy? 16
# 15 MAIDEN NAME ROSE NEITERELL	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oata of injury, 19
E : (State or country)	Where did injury occur? (Specify city or town, county and State)
77. INFORMANT Margaret adams	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL CREMATION, OR REMOVAL	
Piace tederalshugoate 2/6,1933	Manner of injury
144 9- 10	Nature of Injury
19. UNDERTAKER J.J. Trampfom & Lon (Address) He de la Richard M.J.	24. Was diseasa or injury in any way related to occupation of deceesed?
- 1 22 Della Maria	(Signed) M D
20. FILED 2 , 1835 / JO / Registrar.	(Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BU COLU V. S	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPAitem of infor

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully -WRITE PLAINLY.

CAUSE OF DEATH in plain terms, so that it may

Exact statement

1. PLACE OF DEATH	and the state of the state of					4010
County Faller				Registration Di	st. No. 24 5	
Village or City Length of residence In city or	as fraffe town where death occurred	(If	No.  death occurred in a hospital or insti	tution, give its NAME i	St.,	ward number)
2. FULL NAME TH	maned morri	1				
(a) Residence: No.	(Usual place of	abode)	St., Ward.	If nonresident gi	ve city or town and	1 State
PERSONAL AND S	TATISTICAL PARTIC	ULARS	MEDICAL (	CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR	OR DIVORCED		21. DATE OF DEATH	Get. 1	47 (Day)	, 193 <b>3</b> (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREB	YCERTIFY		deceased from
6. DATE OF BIRTH (month, day, and 7. AGE Yaars	Months Days	If LESS than I day hrs. or min.	I last saw h alive on to have occurred on the data sta The PRINCIPAL CAUSE OF DEA were as follows:	ited above, at 9.4	Ze_m, of importance	
8. Trada, profession, or particul kind of work done, as SP SAWYER, BOOKKEPER, C. 9. Industry or business in whice work was done, as SILK SAW MILL, BANK, atc	h MILL, 11. Total tim	ne (years) in this ation	abox	13 mos	2)	
12. BIRTHPLACE (city or town) (State or country)	Talbor 60		Othar Contributory Causes of im	portance:	~~~~~~~~~~	
II. NAME	& tribert mo	tris				
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Caroline Go	_	Name of operation What tast confirmed diagnosis?_			
15. MAIDEN NAME COLUMN 16. BIRTHPLACE (city or town)  (Stata or country)	Galbor Bo	¢.	23. If death was due to external c Accident, suicida, or homicide?_ Where did injury occur? Specify whether Injury occurred	(Specify city or to	te of Injury	, 19
(Address)  18. BURIAL, CREMATION, OR REMOV	AL Date set	N. PJ 127 1933	Manner of injury			
19. UNDERTAKER A A	honed Section	P	24. Was diseasa or injury in any If so, specify	way related to occupati	on of decaasad?	ho
20. FILED Let W, 19 3		Registrar.	(Signed) (Addless) (Addless) 2411 N. Charles Street, Baltimore,	Tu dia	The in	M. D

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Example 1		Example II	The same of the sa
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ITIONAL SPACE FOR FURTHER STATEMENT	SBY	PHYSICIA
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mation should be carefully supplied.

-WRITE PLAINE

V. S. No. 1 m

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JARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(130)	
County Tall I	Registration Dist. No. 2	90
Village or City Earlow Sad	NoSt.,	Ward
(II	death occurred in a hospital or institution, give its NAME instead of street ar	
01 6 01		
2. FULL NAME Mary O Newman		
(a) Residence: No. 4/6 U South (Usual place of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH J. //	, 193.3 (Year)
5a. If married, widowed, or divorced		
HUSBAND of Cor WIFE of John herman Deal	22. HEREBY CERTIFY, That attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) Unland	t last saw hear aliva on 2 193	3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
about 65 commin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were stollows:	Date of onget
8. Trade profession, or particular kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc.	heblitio	1/6/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at /933 11. Total tima (years)		
this occupation (month and fele-g spent in this 35 year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;	
(State or country) Caroline Country Md		
E 13. NAME Elisha adams		
13. NAME Elistra adams  14. BIRTHPLACE (city or town)	Name of operation Data o	f
(State of Country) Waround too	What test confirmed diagnosis? Was there	an autopsy7
15. MAIDEN NAME Hester a Friend	23. If death was due to external causes (VIOLENCE) fill in also the folio	wing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Coardine los mo	Where did injury occur?(Specify city or town, county and	State)
17. INFORMANT Coligabeth Declarson	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Placa Struction Date Jab 14, 1933	Nature of injury	
19. UNDERTAKER James a Spence. (Address) Easton Pond.	24. Was disease or injury in any way related to occupation of deceased?	338
20, FILED 2/14 1933 D W NO LAUX	Signed) Haspard J/ Mil	M. D.
Registrar.	(Addrass) Eston Mg	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days agar
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

See instructions on back of certificate.

TION is very important.

item of infor-

BCCUPA-

62020

1. PLACE OF DEATH	
County 191601	Registration Dist. No. 290
Village or City Faskan	No. Emergency Mospital St., Ward
(II	death occurred in a horpital or institution, give its NAMM instead of street and number)  3. ds. How long in U.S. if of foreign birth?
10.0	
	hols
(a) Residence: No. Office Y Nacual and Usual place of aboda	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH —
Male White Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Etta Marie Samuders	February 5, 1933, to February 8, 1933
6. DATE OF BIRTH (month, day, end year) June 5 1880	I lest saw him alive on February 8 , 1233; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:24 Pim.
52 8 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanco were as follows:
8. Treda, profession, or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, Salessurau	White unmase Jana .
0 10. Date deceased last worked at a low 11. Total time (years)	J
o this occupation (month and zym spant in this occupation	
12. BIRTHPLACE (city or town) Jellot	Other Contributory Causes of Importence:
(State or country)	
14. BIRTHPLACE (city or town) Wangund	
14. BIRTHPLACE (city or town) / Manyand	Name of operation
(State of Coantry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  Marylana  (State or country)	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maryland (Stete or country)	Accident, suicide, or homicide?
Man Ca In In I	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMONTION, OR REMOVAL	Manner of injury
Place Spling Nell Coston Date Feb. 11 , 1933	Neture of injury
19. UNDERTAKER Maurice Numery + Sou.	24. Wes disease or Injury in any way raietad to occupation of deceased?
(Address) Caston na.	If so, specify
20. FILED 2/4 193377 K Reines	(Signed) Della Cora M.D.
Registrar.	(Address) Supply with

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No.

N. B.—WRITE PLAINLY mation should be

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B

# STATE OF MARYLAND-CERTIFICATE OF DEATH

02021

1. PLACE OF DEATH  County Lallot	Registration Dist. No. 745
Village or City Oyford (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME William S. Nicho (a) Residence: No. Marris	Lo St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thale  White	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie N. Nichols	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opril 27 1853 7. AGE Years Months Deys I ILESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2:454 m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation 26 occupation 26	Capturethel wyhrite: 2/1/3.
12. BIRTHPLACE (city or town) Maryland (State or country)  Land 13. NAME John nichola	Other Coutributory Causes of Importance:
14. BIRTHPLACE (city or town) 2 albert Co. (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  Stete or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Easton: 100. Date feb. 24, 1933.	Manner of injury
19. UNDERTAKER COMMON A STATE OF THE STATE O	24. Was disease or injury in any way releted to occupation of deceased? LO.  If so, specify (Signed) All M.
20. FILED SUL. 43, 1933 Jure la gon Registrar.	(Address) . C. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WO 2 1903				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones HETREAU	May 1,1923	Gastroenteritis	1 year	
			1 1	
			12	

WRITE PLAINLY, WITH UNFADING INK-I HIS AS A CTLY. PHYSICIANS Bould state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Bould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.-WRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH  County Jack T.  Village or City Easters.  ND.  ND.  (If death occurred in a horpitallor institution, give its NAME instead of street and numl Langth of residence in city or town where death occurred yrs.  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  2. FULL NAME  (a) Residence: ND.  (Usual place of abode)  St.,  Ward.  (Usual place of abode)	22
Village or City Easters  ND. Cue Tal St.,  (If death occurred in a horpitation institution, give its NAME instead of street and numl  Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME Basidence: ND.  St., Ward.	
(If death occurred in a hospitation institution, give its NAME instead of street and numl  Langth of residence in city or town where death occurred	0
2. FULL NAME Basy Carrett, (a) Residence: Np. St., Ward.	Ward
(a) Residence: Np. St., Ward.	ds.
(Usual place of abode) If nonresident give eity or town and Stat	
ALEDICAL CERTIFICATION OF THE PROPERTY OF THE	ite
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	93. <u>3</u> (Yeer)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of  22. 1 HEREBY CERTIFY, That I altended dece	
10 24 4224 Haland	., 19
6. DATE OF BIRTH (month, day, and year) 1 2 . 9 . 1 I last saw h alive on	leetu is said
1 dey, Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaasad lest worked et this occuration (month and spent in this	
10. Date dacaasad lest worked et this occupation (month and yaar)  11. Totel time (years) spent in this occupation	
Other Contributor Causes of Importance:  12. BIRTHPLACE (city or town)  Premature 6 welds.	
(Stata or country) Park	
13. NAME Dace Thomas Carrett  14. BIRTHPLACE (city or town) Irappe Many Rand, Neme of operation  State or country)  (State or country)	
14. BIRTHPLACE (city or town) I appe Many land, Neme of operation Date of	
Whet test confirmed diagnosis?	psy?
15. MAIDEN NAME Lee and Mary Control 23. If death was due to external ceusas (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Output  Date of injury	
[ 16. BIRTHPLACE (city or town) Zaston Maryland, Accident, suicide, or homicide? Date of injury	, 19
(State or country)  Where did Injury occur?  (Specify city or town, county and State)	
17. INFORMANT	E.
18. BURIAL, CREMATION, OR REMOVAL Menner of injury	
Place Dauburg Dete 2/3 3, 1933 Natura of Injury	
19. UNDERTAKER Action of deceased?  (Address)  24. Wes disease or Injury in any way related to occupation of deceased?  If so, specify	9
20. FILED 2/23, 1933 M.A. Merry (Signed) East Market	И. м. р.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	T-1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. . . .

1. PLAC	E OF DEATH	——————————————————————————————————————	
Count	Talbot.		Registration Dist. No. 290
	or City Caston		(If death occurred in a hospital or intitution, give its NAMHynstead of street and number)
Length	of residence in city or town wher	e deeth occurredyrs,	mos
2. FULL (a) R	NAME Characteristers No. Cherry	Las Cugua A Hill My (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PER	SONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	D. 21. DATE OF DEATH  (Month) (Day) (Yeer)  (Yeer)
5e. If married	widowed, or divorced		22. I HEREBY CERTIFY, Thet I attended deceesed to
(gr) WIT	Sinds To	Vallock.	Jebruary 3, 1933, 10 February 9, 193
6. DATE OF E	IRTH (month, dey, end yeer)	ubur	lest saw h. won elive on Telmany 9, 1953; deeth is
7. AGE	Years Months	Deys If LESS t	
55	-1	ormi	
8. Trede	profession, or particular ad of work done, as SPINNER, WYER, BOOKKEEPER, etc	Possine	
- N 3	ry or huelness in which	( )hacher	Yabrules Theart Decease
a W	ork was done, es SILK MILL,	Muish.	afold by
	deceesed last worked et is occupation (month and	11. Total time (yeers) spent in this 2(	
y	ar) (es/-,1-1-1		Other Contributory Causes of Importence:
12. BIRTHPL	CE (city or town) Nacth	n Carolina	
1	or country)		Cerule Wilitelion of Heart 2/3
H 13. NAMI	- 44-12	Modr.	0
4 14. BIRTI	(air) or commy	orth Carolina	Name of operetion
04	state or country)		What test confirmed diegnosis? Was there en eutopsy?
里 15. MAID	EN NAME Mary	loth Carolina	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
	IPLACE (city or town)	Josth Carolina	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMA	sina D TI	ollock.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	REMATION, OR REMOVAL	Inde Freb 13.	Manner of injury
19. UNDERTA (Addr	V VI V	od Hill.	24. Wes disease or Injury in eny wey releted to occupation of deceesed?  If so, specify
20. FILED	14 1933	Merrie	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAS 4 1938				
Other contributory causes of importance: V. S		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state item of infor-Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. Ë

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(n) 02034
County lalbot	Registration Dist, No. 290
Village or City Easton	No. TYPE Carney XOS CIXA. St., Ward death occurred in a horpinal or institution, five its NANE instead of street and number)  2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurredyrsmos.	2 ds. How long in U.S. If of foreign birth?
2. FULL NAME John Vrice	
(a) Residence: No. 170 cle Mall, Md.  (build place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Telemany 7 193 3  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Unknown	February 5, 1933, to February 7, 1933
6. DATE OF BIRTH (month, day, and year)	Hast saw him alive on February 7 , 1933; death is said
7. TE Years Months Days If LESS than	to have occurred on the data stated above, at 1.0232; m.
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Jollows;
8. Trade, profession, or particular kind of work dona, as SPINNER,	John 3th degree abdom
SAWYER, BOOKKEEPER, etc.	and their seranus 71/33
work was done, as SILK MILL, SAW MILL, BANK, etc.	13 oracle 74/33
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total tima (years) spent in this occupation	tion, or to clothing catching fire a eter:
7 6.	Other Contributory Causes of Importance: Linkengum.
12. BIRTHPLACE (city or town) (State or country)	Cust.
13. NAME 14. BIRTHPLACE (city or town)	Name of operation. Data of
(Stata or country)	What test confirmed diagnosis? Pt rVdesting Was there an autopsy? XV
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
∑ (Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT One genery Hospital (Address)	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place 2/8 , 1935	Manner of injury
19. UNDERTAKER J. a. Speciel (Address)	24. Was disease or Injury in any way related to occupation of daceased?
20. FILED 2/8 , 1933 N. T. Y. Messers Registrar.	(Signed) M. D.  (Address)
	N. Cl. I. C D. I. D GI C. N.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were	7	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	in Call to	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	MAR 4 19.1	July 5,1927	Peritonitis	3 days ago	
	BUPTAU V. B.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	
				1	

•	

4 1	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
di	1. PLACE OF DEATH	
00/	County Lalbot	Registration Dist. No. 290
9/	Village or City Easton	No. The race Ward death occurred in a hospital of institution, are its NAME in lead of street and number)
to		25_ds. How long In U.S. if of foreign birth?yrsmosds.
men	2. FULL NAME Mr. Theodore Schwi	inkey 1
state	(a) Residence: No. Centreville, Md.	St. Ward. Juleu Curis
st	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
台	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	telemany 1) 1930
ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
classified	HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended decessed from 133 to Februs 1933
clas	). by our	last eaw h We alive on Telr \ 5 1933 : deeth is seid
rly	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 7 48 C.m.
properly certificate.	8 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
	R Trade profession or particular	}
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Defree Duras you 1532
тау back	a industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	1 tig it.
it u	0 10. Date deceased last worked at control of this occupation (month end spant in this	( le le susse crubollent 1533
	year) occupation	Other Contributory Causes of importence:
so ucti	t2. BIRTHPLACE (city or town) Germany (State or country)	
terms, instr	E 13. NAME	
ره حب	14. BIRTHPLACE (city or town)	Name of operation Dete of
2 2	1 (State of County) Mac - Colored	What test confirmed diagnosis? Was there an autopsy?
in F ant.	15. MAIDEN NAME	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
OF DEATH in preery important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
DEATH	Batter Bass.	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
9	17. INFORMANT Cestrerle ma	Specify mileting many several m
	18. BURIAL, CREMATION, OR-REMOYAL	Menner of injury Persengel of Leg Covering Bury
Ni	Place Chillenelly Date 17 1933	Nature of injury 2 20 Deglee Burne
CAUSE TION is	19. UNDERTAKER Bailm Conthus	24. Was disease or injury in any way related to occupation of deceased?
	(Address) leulemette neg.	If so, specify
T	20. FILED 2/10 1933 M. A. C. Fill Miles Registrar.	(Address) Earlan Tud
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURFAIT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1 M

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.6.00
1. PLACE OF DEATH	23	2006
County albat	Registration Dist. No. 2 9	0
Village or City Castin md.	No. St.	Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death occurred		sds.
2. FULL NAME foregolune I bunne		
(a) Residence No.   Continue mid	- St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and :  MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	July 10	193
19a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Gaha Colward Skinner	22. A HEREBY CERTIFY Thet I attended of	leceased from
	JEF. 8 1923, to 726,10	, 1933.
6. DATE OF BIRTH (month, day, and year) Mor 30 - 1911		; deeth is seid
7. AGE Years Months 10 Days 10 If LESS than 1 day	to have occurred on the date stated above, at	
24 141 man 30 - ormin.	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Sulmount duterculas	8/30/32
Rind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end		
D Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimore City	Other Contributory Causes of importance:	
(State or country)	Myseuditis	1/2/33
13. NAME ( ilbert dudley .		/
14. BIRTHPLACE (city or town) Balta. Coty	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Was there an at	itopsy?
15. MAIDEN NAME Ola Sulliviour  16. BIRTHPLACE (city or town) Balto City.	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
(Stete or country)	Where did injury occur?	
17. INFORMANT Ola Shinner (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	0
Place Chapsel Date 2/14, 1933	Nature of injury	
19. UNDERTAKER Cash W Stafford (Address)	24. Was disease or injury in any way releted to occupation of deceased?	20'
20. FILED 2/14 , 19.33 N. F. Merry Registrar.	(Signed) faymant fill with fill (Address) and and the	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Z

	STATE	OF	MARYL	AND-	-CERTIF	FICATE	OF	DEATH
--	-------	----	-------	------	---------	--------	----	-------

1.	13	11	12	any.
U	4	U		7

1. PLACE OF DEATH	<u></u>
county Talbot	Registration Dist. No. 290
(If	No. 5 meraemen Mosoil al St., Ward death occurred in a hospital prinstitution give its NAME Instead of street and number)
S	4/12 ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME hean D. Kinner	
(a) Residence: No. Office of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIYORCED (write tha word)	(Month) (Oay) (Year)
5a. If marriad, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Way Za \( 1)	Telmary 1, 1933, 10 Telmary 10, 1933.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars 2/   Months   Qays   Gif LESS than	I last saw h how alive on telegraphy 19.33; deeth is said
7. AGE Yaars 2   Months 8   Oays   if LESS than 1 day,hrs.	to have occurred on the data stated above, at _5.53.9.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Oate of one of
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Miliat Misuffelling 04.10.32
at 1 9. moustry of pusiness in which	
SAW MILL, BANK, atc	***************************************
this occupation (month and ) spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 11 WWY 1 WWW (State or country)	Chimic Myocardes ram
11311-1161	
= 10000	711
14. BIRTHPLACE (city or town) 14. ONLY 1000 (State or country)	Name of operation Oate of Washington
# 15. MAIDEN NAME MOTHU COLIZALEN A Shinney	What test confirmed diagnosis?
E 77000000	Accident, suicida, or homicide? Date of Injury 19
State or country)	Whare did injury occur?
17. INFORMANT LONIE VIXON A	(Specify city or lown, county and State) Specify whather injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Addrass)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Offord Md Date 24 8 - 1933	Nature of injury
19. UNDERTAKER John D Wilkeaux	24. Was diseasa or Injury in any way related to occupetion of deceesad?
(Address) Carton vent,	If so, spacify
20, FILEO 2/6 ,133 N. M. Meerics	(Signed) (Signed) M. D.
Registrar.	(Address)

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Example I	Approximate the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
P V U V CO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		34	

(Year)

WRITE

NOIL

19. UNDERTAKER (Address)

BINDING

FOR

RESERVED

ARGIN

Registrar.

Menner of Injury

Nature of injury.

(Address)

24. Was disease or injury in any way related to occupation of deceased?

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of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
915	Attack of emilensy	
- 1	Titues of optopog	1 weck ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
145	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
	5,1927	Other contributory causes of importance:

ARGIN RESERVED FOR BINDING

STATE	OF	MARYLANI	-CERTIF	ICATE	OF	DEATH

6	5	64	63	9	
U	4	U	-	9	

1. PLACE OF DEATH	J07_
County 10/00 Ac 1	Registration Dist., No. 990
Village or City Toll Nou M.	ND (OM EXCALUCLY ) to Sping   St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of toleign birth?yrsmosds.
2. FULL NAME INOTANA DEMIAN	10
(a) Residence: No.	A.St., Ward. Caraline Co
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX , 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	EEE GE MANAGE
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1   I HEREBY CERTIFY That I attended deceased from
(4)	180 mary 20, 1933, to -18 bruary 25, 1953
6. DATE OF BIRTH (month, day, and year) Mey 7, 1927	I last saw h_Ch_alin on TLV MULLY 25 , 1933 A ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 258 m.
6 9 18 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Pronct (n. 100 - 2-20-53
work was done, as SILK MILL, SAW MILL, BANK, etc.	12 theho- numa 2-20-53
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAUK, etc.  10. Date deceased last worked at this occupation (month and spont in this	<b>4</b>
year) occupation	Other Cautributary Causes of Importance:
12. BIRTHPLACE (city or town)	Other Courses of Importance:
(State or country) Md	4-
II 13. NAME John & nich	
13. NAME Control Name 14. BIRTHPLACE (city or town)	Name of operation now Date of V
(State-of country)	What test confirmed diagnosis? Thys was Was there an autopsy No
15. MAIDEN NAME Seargeman Smith	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Search Smith 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A STATE OF THE ST	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, SREMATION, OR VEMOVAL	
Place M. Francout Date 2 29 1933	Manner of injury . V.
7	Nature of injury
19. UNDERTAKER M U. J. John J. John. (Address)	24. Was disease or injury in any way related to occupation of deceased?
(Audiess) Art Sen Ma	(Signed) (bullians Itumum) M. D.
20. FILED 2 2 7 1932 1 TOV LOCALUS Registrar.	(Signed) (Still and ). M. D. (Address) Zaylor Ind.
Acguirar.	(1001000)

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state ery item of infor-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

OF OCCUPA-

B.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02030
1. PLACE OF DEATH	(205-m)
County Talkol	Registration Dist. No. 290
	No. Amergency 10.5 Q. Tal. St., Ward death operared in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  3 / 2 ds. How long in U.S. if of foreign birth?
in an I a CV	The roll of the state of the st
2. FULL NAME INC. Melander Drew	all
(a) Residence: No. O Ward (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Maried	February 3, 1933
5a. If married, widowed or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
Cauline Leonard Stewart	Man. 30 1933, 10 Yeb 3 1933
6. DATE OF BIRTH (month, day, and year) Jaw. 30, 1903	I last law h un alive on 1-elf 3 , 1933; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 27 aim.
2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	0
SAWYER, BOOKKEEPER, etc	Toeratral fat embolus 1-31-37
work was done, as SILK MILL, SAW MILL, BANK, etc.	<i>U</i>
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata daceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	
Lie DA A le 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / (Stata or country)	Carrier 1 O lea 12 2
	Company Jodin 7 L Reg 1-30-73
14. BIRTHPLACE (city or town) Tollant Co. M.	Name of operation
(Stata or country)	What tast confirmed diagnosis? X Lay Was there an autopsy? No
15. MAIOEN NAME Core Nelshay	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State of country)	Accident, suicide, or homicide Ulesdeur Date of injury 1-30, 1933 Where did injury occur? Year Trappe my
11. 0 1 5# +-	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT UNA GLAVE CANDELLE CONTROL (Address) (Ox Local Control C	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury Cauchy in Dow mill Camaise
Place 6 a stou Date 2 / 4 , 1933	Nature of injury Burlen les
19, UNDERTAKER SOURCE Spence	24. Was disease grainjury in any way related to occupation of deceased?
(Address)	If so, specify Saw mul charalor
20. FILEO 2/3 , 1933 M. Jol Merren	(Signed) Wellaus \ \ \ M. D.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Bushao				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1:	1. PLACE OF	DEATH	_	_AND—C	ERTIFICATE (	M.S. MINISTER	12031
	County	Tallo	10 hole			Registration Dist. No. 39	٧
	Village or Ci		for 7	-	Noeath occurred in a horpital or institutionds. How long In U.S. if of		
	2. FULL NAN	021 11.	-11.0	evan	us. How long in 0.5.11 of	Totalgii biitti:	11)030
	(a) Residence	6	(Usual place of a		St., Ward.	If nonresident give city or town	and State
-	PERSON	AL AND STATIST		1	MEDICAL CE	RTIFICATE OF DEATH	
	SEX Servale	4. COLOR OR RACE	5. SINGLE, MARRIE OR DIVORCED (*	write the word)	21. DATE OF DEATH	Hebrian / (Day)	, 193 <u>3</u>
5a	. If married, widowe HUSBAND of (or) WIFE of	d, or divorced	durud Si	illivan	22. I HEREBY	CERTIFY, Thet I attend	ded deceased from
6.	DATE OF BIRTH (	month, day, end year)		1871		stel 15t to	and the sald
7.	AGE Le / Yeer	s 9 Months		If LESS than I dey,hrs.	to have occurred on the dete stated The PRINCIPAL CAUSE OF DEATH ware as follows:		
NOIL	8. Trade, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, BODKKEEPER, etc	Louse a	rife	Valvular	heart durace	Date of oneset
OCCUPATION		done, as SILK MILL, L, BANK, etcd last worked at June ation (month end	. Spanti	(yeers)			
12	year) 2. BIRTHPLACE (cit (State or coun	yor town) : Talb	3.3.   occupa	ion J. J. J.	Dthar Contributory Causes of Impor	tance: ry embolism	- 1 min
HER	1	Robert	H Slave	chlor		4	
FATHE	14. BIRTHPLACE (State or		ot los		Neme of operation What test confirmed diagnosis?	Dete o	
MOTHER	15. MAIDEN NA	ME mary	& Hade	Laway		ses (VIDLENCE) fill in also the follo	
MO	16. BIRTHPLACE (State or		ot loo		Accident, suicide, or homicide? Whara did Injury occur?	Dete of Injury	
17	(Address)	J. Endward	Sulleva	~	Specify whether Injury occurred In	(Specify city or town, county and INDUSTRY, In HOME, or In PUBLIC	
718	B. BURIAL, CREMAT	on, or removal marton	L Date Febru	1923.	Menner of injury		
19	). UNDERTAKER (Address)	James a	Spence.	<b>4</b>	24. Was disease or Injury In eny wa	y releted to occupation of deceased?	no
20	FILED Set	1- 19 33	rellactor	0	(Signed) Julie	acce D Deymy	seef M. D

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
isululu V.L.			f.p.	
To your				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH 02032
	1. PLACE OF DEATH	
	County Latbot	Registration Dist. No. 290
	Village or City Easton	No. 5 mergency Xoso: Xa St., Ward death occurred in a horpital or institution give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME William Sullivan	
	(a) Residence: No. Eas Xan Manufand (Usual place of above)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH televiary A , 1933
	5a. If married, widowed, or divorced HUSBANO of	(1331)
	(or) WIFE of hollie Sullivan	1933 to 1-05 14 1033
e.	6. DATE OF BIRTH (month, day, end year) Dec 25-1888	I last saw h Lina elive on Felr 14 1933; death is seld
cat	7. AGE Years 444 Months Days If LESS than	to have occurred on the data stated above, at 1 + 2 m.
certificate	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
	8. Trade, profession, or particufar kind of work done, es SPINNER.	Oate of onset
k of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Mork work wes done, as SILK MILL, SAW MILL, BANK, etc.	
back	work wes done, as SILK MILL, SAW MILL, BANK, etc	heppille aroue allettel
no	10. Oato deceased last worked at this occupation (month end spant in this occupation occupation	010m 6 kno
ions		Other Contributory Causes of importance:
net	12. BIRTHPLACE (city or town) Olullar (Stata or country) Many land	Styfirlenseare 6 ho
instructions		
See i	13. NAME Olyander Sullware 14. BIRTHPLACE (city or town) Meer Deuters	Name of operation Oats of
SO	(State or country) Caroline lo Turrepou	What test confirmed diagnosis? Wes there en eutopsy?
ant.	15. MAIOEN NAME Mary Hayman	23. If death was due to external causes (VIOLENCE) fill In elso the following:
ortant	0 16, BIRTHPLACE (city or town) Much wellow	Accident, suicida, or homicida? Date of injury, 19
E .	(State or country) barolice (00 Mareja	(Specify city or town, county and State)
very i	(Address)	Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
N is	Placa 2 motor 7 ml . Oate 2 - 17 ,19 3 3	Neture of Injury
LION	19. UNDERTAKER John N Wallen	24. Wes disease or Injury in any wey related to occupation of deceased?
1	(Address) { Euroton zud.	If so, specify
1	20. FILEO. 2/14., 1933 7 . M. Mersharar.	(Signed) M. D.  (Address) Collaboration M. D.
	Registrar.	(Videovo)

CEDTIFICATE OF DEAD

CTATE OF MADVI AND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	s follows:	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebrol hemorrhage	MARLE BULL.	July 5,1927	Peritonitis	3 days ago	
	BUBLEAU V. S.	1			
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		Moy 1,1923	Gostroenteritis	1 yeor	
Acceptable to the control of the con					

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

BINDING

FOR

ARGIN RESERVED

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Cerebral hemorrhage . A DV 33	July 5,1927	Peritonitis	3 days ago	
3 1633				
Other contributory causes of importance H		Other contributory causes of importance:	*	
Gallstones (GA)	May 1,1923	Gastroenteritis	1 year	
	دور.	Market		
			200	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

ż

PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02034		
OCCUP	1-1/2 -	Registration Dist. No. 290		
00	County Q Do	11 -0		
Jo /	Village or City Las lon	death occurred in a hospital or institution, give its NAME instead of street and number)		
=/	Length of residence in city or town where death occurredyrsmos.	6 O.ds. How long in U.S. If of foreign birth? yrs. mos. ds		
E	2. FULL NAME YMC. Janiel Joseph.	Zachanial		
state	(a) Residence: No. Queenshoro, Mary	Rockh d. Ward.	-	
	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-	
	Male While Married (write the word)	February 25, 1933 (Month) (Day) (Year)	-	
classified	5a. If married, widowed, or divorced Russand of Mrs. Rachael a Bacharia	22. 1 HEREBY CERTIFY. That I attended deceased from a following 26, 1932, to February 25, 1933		
	6. DATE OF BIRTH (month, day, and year) Salu 25 1866	1 last saw h Lu alive on February 25 1953; death is said		
rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 4.m.		
properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	-	
- 1	8. Trede, profession, or particular kind of work done, as SPINNER, Mellaile SAWYER, BODKKEEPER, etc.	Detections	-	
be of		P	5	
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Carelionia Prostate 1213	_	
# #	SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this		-	
	year) occupation	Other Contributory Canses of Importence:	-	
se tl	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.		
=	(State or country) Mary and	Wrendry Returtion		
terms, instr	13. NAME Jamel Joseph Zachana	Throughous tunnel Here Rh		
ain t	14. BIRTHPLACE (city or town) . Mechanicalucia,	Name of operation application Date of 2,1,3	>	
15	m m	What test confirmed diagnosis? Was there an autopsy? W	Ł	
TH in portant.	15. MAIDEN NAME Surau House	23. If death wes due to external causes (VIDL ENCE) fill In also the following:		
TH	16. BIRTHPLACE (city or town)   Camaglia   State or country)   Sum a luanite	Accident, suicide, or homicide?, 19,  Where did injury occur?, 19		
EA	Mr. Palland Son in a	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	•	
Ph	(Address) A o o o o o o	Sportly whomes mysty stoomed in the state, in home, or in the state.		
OF	18. BURIAL, COEMATION, DR REMOVAL	Menner of Injury		
ISE N is	Tace Treeus vor Dote Tile 28, 19 33	Nature of Injury		
CAUSE TION is	19. UNDERTAKER Jilgil Jean W.	24. Was disease or Injury In any wey releted to occupation of deceased?		
A	20. FILED 2 / 25 , 1933 N. S. News	(Signed) Stales M.  (Address) Cartain M.	D.	
1/	If more blanks are needed address State Penistra	2412 N. Charles Street Beltimore Provestore 71 S. No.		

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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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